U.S. Department of Labor Office of Department Śtandards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amenced. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use:Only	
	(Ken-52	1
E	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12333	2. Fiscal Year Covered From:				
	1 / 1 / 2005 Through: 12 / 31 / 2005				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name David W Richmond	Name Illinois Federation of Teachers				
	Labor Organization File Number 509-974				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 604 CR 1000E	Street 500 Oakmont Lane				
City Tolono	City Westmont				
State Illinois ZIP Code + 4 61880	State Illinois ZIP Code + 4 60559-5520				
5. Position in labor organization. Director of Internal Operations					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) will monetary value from an employer whose employees your organ					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					

Signature

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable behalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

		À
Signed	IM)	

ZIP Code + 4

3/30/2006 On

(630) 571-0100

Date

Telephone Number

Street

City

State

P.O. Box, Bldg., Room No., if any

Name of Person Filing David Richmond	File Number U- 12333	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or indirectly to, or otherwise	
Name and address of Business (including trade rame, if any).	9. Business deals with:	
Name Bansley and Kiener, LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 200 Street 8745 W Higgins City Chicago State Illinois ZIP Code + 4 60631 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Independent Auditor	
Street	11.b. Approximate dollar value of such dealing. \$41,550	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Database consulting services.	
	12.b. Amount. \$7,185	
C. Received from any employer (other than an employer covered u or from any labor relations consultant to an employer any payment of mo	inder parts A and B above) ney or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$0	